

AUTO CR - LOG SUMMARY #1057128

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the subject who committed a stabbing failed to drop the knife at which time, the involved officer announced his position and the subject continued to disobey the involved officer's orders at which time, the involved officer deployed his taser to take control of the subject without further incident.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	CHAMBERS, KEVIN M	9		007 /	LIEUTENANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
17-SEP-2012 12:12 - 17-SEP-2012 12:12		0733	007	330 - OTHER	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	HOARD JR, DON A	8105		007 /	POLICE OFFICER	M	BLK		
NON-CPD	Victim/Subject									

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	28-SEP-2012 03:20	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	28-SEP-2012 03:19	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	18-SEP-2012 12:00	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	18-SEP-2012 07:06	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	17-SEP-2012 03:01	TOUSANT, LISA	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					TOUSANT, LISA	17-SEP-2012 03:01			
	DOCUMENTS - INTAKE INCIDENT		1	X00-570631	N	TOUSANT, LISA	18-SEP-2012 06:52	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	HV479605	N	TOUSANT, LISA	18-SEP-2012 06:48	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	HOARD JR DON A 8105	N	TOUSANT, LISA	18-SEP-2012 06:46	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 17-SEP-2012) - LOG #1057128

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	CHAMBERS, KEVIN M	9		007 /	LIEUTENANT OF POLICE	M	WHI		

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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	17-SEP-2012 15:01	TOUSANT, LISA	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	28-SEP-2012 03:20	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	28-SEP-2012 03:19	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PENDING SUPERVISOR REVIEW	18-SEP-2012 07:06	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	17-SEP-2012 03:01	TOUSANT, LISA	INTAKE AIDE	113 /	

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 17-SEP-2012	TIME 12:13:00	2 ADDRESS OF OCCURRENCE [REDACTED]			3 LOCATION CODE 330	4 BEAT/OCCUR 0733							
	5 POSITION 9161	6 LAST NAME HOARD JR	7 FIRST NAME DON A	8 STAR NO 8105	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE BLK	11 AGE [REDACTED]	12 HT 510	13 WT 217					
	14 DATE OF APPT 05-AUG-1996	15 EMPLOYEE NO [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 007 0755		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24 RACE BLK	25 D O B [REDACTED]	26 HT 506	27 WT 140				
	30 WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	35 CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
36 CHARGES PLACED [REDACTED]											<input type="checkbox"/> DNA	37 CB NO [REDACTED]	IR NO [REDACTED]	<input type="checkbox"/> DNA
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE					
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER <u>REFUSED TO DROP KNIFE</u>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____					
MEMBER'S RESPONSE	MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____					
	39 * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]											40 ADDITIONAL INFORMATION [REDACTED]		
WEAPON DISCHARGE INCIDENT	POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]									
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR							
	45 MAKE/MANUFACTURER [REDACTED]		46 MODEL [REDACTED]		47 BARREL LENGTH [REDACTED]		48 CALIBER/GAUGE [REDACTED]							
	49 TASER DART ID NO C3101327P		50 WEAPON SERIAL No (Include Letters) X00-570631		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]					
CASE INFO.	54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED [REDACTED]					
	59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) _____		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) _____		63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) _____					
	64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]				65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]					
	67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT				68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) _____					
SIGNATURES	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report										70 EVENT NO [REDACTED]	71 R D NO [REDACTED]		
	73 REPORTING MEMBER (Print Name) HOARD JR, DON A		STAR/EMPLOYEE NO 8105		SIGNATURE [REDACTED]									
	74 REVIEWING SUPERVISOR (Print Name) BUTLER, DARWIN E													
DATE REVIEWED 17-SEP-2012 17:11:44										TIME 17:11:44				

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

The subject is being treated at [REDACTED] for lacerations sustained during the incident

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officer acted within the Rules and Regulations of the Department and used the amount of force necessary, based upon the actions of the subject, to control the arrestee

Log number #1057128 obtained from Tousant

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1057128 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

CHAMBERS, KEVIN M

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

17-SEP-2012 17:18:05

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

3

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C)

RD #

EVENT #

Case ID:

ASSIGNED TO FIELD

INCIDENT

IUCR: 0420 - Battery - Aggravated:Knife/Cutting Instr

Occurrence

Beat: 0733

Unit Assigned: 0755

Location:

330 - Other

RO Arrival Date: 17 September 2012 12:12

Offenders: 3

Occurrence Date: 17 September 2012 12:05

BUSINESS LICENSE HOLDER

Name:

Contact Person:

Beat: 5100

Other Communications and Availability

Business
Phone:

VICTIM - Individual

NON OFFENDER

Name:

Res:

Beat: 1113

Beat: 5100

Sobriety: Sober

Demographics

Male

DOB:

Black

Age: 21 Years

5'06,

Birth Place: Illinois

140 lbs

Brown Eyes

Black Hair

Braids Hair Style

Medium Brown

Complexion

WITNESS - Individual

Name:

Res:

Beat: 0733

Beat: 5100

Demographics

Female

DOB:

Black

Age: 29 Years

Birth Place: Illinois

Other Communications and Availability

Cellular
Phone:

08:00:00 - 23:30:00

Available Time

Injury Info [REDACTED] - Victim)

Contact Person: [REDACTED]

INJURIES

Injured by offender

CFD First Aid Given? Yes

Responding Unit: AMBULANCE 36

Injury Extent: Minor

Hospital: [REDACTED]

Physician Name: ATTENDING PHYSICIAN

Type

Stabbed

Laceration

Weapon Used

Knife/Cutting Instrument

Blunt Instrument

Other Weapon Used

Other - Knife

Other - Golf Club

SUSPECTS

Suspect # 1

Name: [REDACTED]

Res: [REDACTED]

Beat: 0732

Demographics

Male

Black

5'07-5'10

150 lbs - 170 lbs

Brown Eyes

Black Hair

Unknown Hair Style

Dark Brown Complexion

DOB: [REDACTED]

Age: 19 years

Birth Place: IL

In Custody

Other Communications and Availability

Injury Info

Injury Extent: Serious

CFD First Aid Given? Yes

Responding Unit: Ambulance 14

Hospital: [REDACTED]

Physician: [REDACTED]

Type

Stabbed

Weapon Used

Knife/Cutting Instrument

Suspect # 2

Name: [REDACTED]

Res: [REDACTED]

Beat: 0732

Demographics

Female

Black

5'04-5'06

140 lbs - 160 lbs

Brown Eyes

Brown Hair

Long Hair Style

Medium Brown Complexion

DOB: [REDACTED]

Age: 18 years

Birth Place: IL

In Custody

Suspected of Using: Weapon

Other Communications and Availability

Cellular Phone: [REDACTED]

Available Time 08:00:00 - 23:30:00

Injury Info



SUSPECTS	Suspect # 3		In Custody	
	Name: [REDACTED]		Demographics	
	Res: [REDACTED]	Beat: 0732	Male Black 5'10-6'00 190 lbs - 220 lbs Brown Eyes Black Hair Short Hair Style Medium Brown Complexion	DOB: [REDACTED] Age: 19 years Birth Place: IL
	Other Communications and Availability			
Injury Info				

RELATIONSHIP	RELATIONSHIP	
	(Victim)	(Offender)
	[REDACTED]	[REDACTED]
	is a No Relationship of	

GANG INFO	[REDACTED] (Victim)	
	Affiliation: Member	Gang Identifications: Tattoo
	Gang Name: [REDACTED]	
	[REDACTED] (Suspect)	
	Affiliation: Member	Gang Identifications: Admission
	Gang Name: [REDACTED]	

DOMESTIC INFO	[REDACTED]	
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OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ? No



CANVAS INFORMATION

NARRATIVE

EVENT # [REDACTED] IN SUMMARY, R/O RECEIVED A CALL OF A PERSON STABBED AT ABOVE STATED LOCATION. UPON ARRIVAL R/O OBSERVED [REDACTED] (OFFENDER) LAYING IN THE DOORWAY WITH A STAB WOUND TO HIS NECK. R/O WALKED TO THE REAR OF LOCATION AND OBSERVED [REDACTED] (OFFENDER) FIGHTING [REDACTED] (VICTIM AND COMPLAINANT). R/O WAS ABLE TO BREAK THE TWO COMBATANTS UP AND ORDERED [REDACTED] (VICTIM AND COMPLAINANT) TO DROP A POCKET KNIFE HE HAD IN HIS HAND. WHEN SUBJECT REFUSED R/O DEPLOYED HIS TASER STRIKING HIM IN THE TORSO. SUBJECT WAS PLACED IN CUSTODY. [REDACTED] (VICTIM AND COMPLAINANT) HAD A LACERATION TO HIS FOREHEAD AND TWO STAB WOUNDS TO HIS LEFT ARM. CFD RESPONDED AND HE WAS TRANSFERRED TO [REDACTED] FOR TREATMENT. [REDACTED] (OFFENDER) STATED THAT [REDACTED] (VICTIM AND COMPLAINANT) STABBED HIM IN IS NECK AFTER A VERBAL ALTERCATION. [REDACTED] (OFFENDER) WAS TRANSPORTED TO [REDACTED] IN CRITICAL CONDITION. [REDACTED] (OFFENDER) WAS STABILIZED AT [REDACTED] BY DR. JONES. IT WAS FURTHER RELATED TO R/O THAT [REDACTED] (VICTIM AND COMPLAINANT) ATTEMPTED TO TALK TO [REDACTED] (OFFENDER) AS HE WAS WALKING ON [REDACTED] AND THEY GOT INTO A VERBAL ALTERCATION AT WHICH TIME [REDACTED] (OFFENDER) CALLED HER BROTHER [REDACTED] (OFFENDER) AND HIS FRIEND [REDACTED] (OFFENDER) WHO CHASED SUBJECT INTO THE ADDRESS ALONG WITH [REDACTED] (OFFENDER) AND WHILE THEY WERE EXCHANGING PUNCHES SOMEONE STABBED [REDACTED] (OFFENDER) IN THE NECK AND [REDACTED] (VICTIM AND COMPLAINANT) IN THE ARM TWICE. [REDACTED] (WITNESS) STATED SHE SAW [REDACTED] (OFFENDER) SWINGING A BUTCHER KNIFE AT [REDACTED] (VICTIM AND COMPLAINANT). ALL SUBJECTS PLACED IN CUSTODY, READ MIRANDA AND TRANSPORTED INTO AREA SOUTH FOR QUESTIONING. OPERATIONS COMMAND NOTIFIED AT 1255 HRS. - P.O. JONES #8290. W.C. LT. CHAMBERS #182 NOTIFIED AT 1301 HRS. E.T. ORDERED AND ON SCENE BT. 5813 MAZURSKI #17381. AREA SOUTH HGSU BT. 5214 DET. DAVIS #21110, DET. ALLEN #20209. FIRM [REDACTED] (BUSINESS LICENSE HOLDER) LICENSE # [REDACTED] VALID 15 OCT 2010 THRU 15 OCT 2012.

NOTIFICATION: VIOLENT CRIMES BURKE Beat#: Star#: 947 Emp#: Date: 17-SEP-2012 Time: 1247 NOT REPORTING OFFICER - STAR#: 8105 NAME: DON HOARD JR BEAT: 0755 ASSISTING OFFICER - STAR#: 11194 NAME: ARTHUR JABLONSKI BEAT: 0734 SUPERVISOR ON SCENE - STAR#: 1122 NAME: DAVID BLYSKAL BEAT: 0710 SUPERVISOR ON SCENE - STAR#: 1683 NAME: DARWIN BUTLER BEAT: 0720 ASSISTING OFFICER - STAR#: 18851 NAME: ANDRE WOODS BEAT: 0713

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Approving Supervisor	182	[REDACTED]	CHAMBERS, Kevin, M	[REDACTED]	17 Sep 2012 16:51	007	
Detective/Investigator	20209	[REDACTED]	ALLEN, Keith, A	[REDACTED]	18 Sep 2012 05:18	620	
Reporting Officer	8105	[REDACTED]	HOARD JR, Don, A	[REDACTED]	17 Sep 2012 16:29	007	0755





TASER Information

Serial # X00-570631
Model # X26
X26 Software Version 22
Dataport CD Version 17.9
Record Date Range 09/17/2012 - 09/17/2012
Computer Time Zone Central Standard Time
*DST
Using Daylight Savings Time Yes

Downloaded By

Name Kevin Chambers
Dept CPD
Rank Lieutenant
Windows Version Windows XP
Report Generated 09/17/12 15:18:53
(local)

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0010	09/17/12 17:22:51	09/17/12 12:22:51	5	33	76

Recorded X26 Time Changes

Seq	GMT Time	Local Time	Change Type
0001	Incomplete Time Change Record		
0002	10/20/10 13:36:47	10/20/10 08:36:47	FROM
0003	10/20/10 13:36:47	10/20/10 08:36:47	TO
0004	10/22/11 15:21:19	10/22/11 10:21:19	FROM
0005	10/22/11 15:11:11	10/22/11 10:11:11	TO
0006	01/01/00 00:02:12	12/31/99 18:02:12	FROM
0007	12/14/11 03:11:14	12/13/11 21:11:14	TO
0008	01/13/12 16:00:08	01/13/12 10:00:08	FROM
0009	01/13/12 15:59:21	01/13/12 09:59:21	TO

End of Report.